

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396066	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2023
NAME OF PROVIDER OR SUPPLIER: WHITEHALL BOROUGH SKILLED NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 505 WEYMAN ROAD PITTSBURGH, PA 15236		
STATE LICENSE NUMBER: 10230200					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
F 0557	Based on a Medicare/Medicaid Recertification, State Licensure, Civil Rights Compliance and an Abbreviated survey in response to a complaint completed on May 5, 2023, it was determined that Whitehall Borough Skilled Nursing and Rehabilitation Center was not in compliance with the following requirments of 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities and 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0557			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0557 SS=D	Continued from page 1 483.10(e)(2) Respect, Dignity/Right to have Prsnl Property §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by:	F 0557	"The statement made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein" Resident R158 had her dressing treatment provided in a considerate and respectful manner. A sweep was made of all residents receiving wound treatment to ensure treatments were provided in a considerate and respectful manner. Nursing staff will be educated on the appropriate techniques in promoting a respectful and dignified caring processes when delivering care by the DON or designee. Random audits of 5 residents receiving wound treatments for compliance will be conducted by the DON or designee weekly for 4 weeks, then monthly x 2 months. Identified trends will be reviewed by the QAPI Committee for appropriate follow up monthly.	Completion Date: 06/12/2023 Status: APPROVED Date: 05/15/2023	

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F 0557 SS=D	<p>Continued from page 2</p> <p>Based on facility policy, observation and staff interview, it was determined that the facility failed to maintain the personal dignity for a resident during the dressing change observation (Resident R158).</p> <p>Findings include:</p> <p>Review of the facility policy "Treatment: Considerate and Respectful" last reviewed on 3/28/23, indicated that the facility will promote respectful and dignified care for residents.</p> <p>During an observation of a dressing change on 5/4/23, at 10:00 a.m. the Assistant Director of Nursing performed the treatment, the ADON then took a marker from her pocket and dated the dressing after placing the outer dressing to Resident R158's coccyx.</p> <p>During an interview on 5/4/23, at 10:02 a.m. the ADON confirmed that the facility failed to provide a dignified experience during the dressing change.</p>	F 0557			

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F 0557 SS=D	Continued from page 3 28 Pa. Code: 201.29(j) Resident rights. 28 Pa. Code: 211.10(a)(b)(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.	F 0557			
F 0676 SS=D		F 0676			

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F 0676 SS=D	Continued from page 4 483.24(a)(1)(b)(1)-(5)(i)-(iii) Activities Daily Living (ADLs)/Mntn Abilities §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking, §483.24(b)(3) Elimination-toileting,	F 0676	Resident R127 has been evaluated by Physical Therapy, a wheelchair assessment was completed to ensure proper fitting. The damaged left arm rest was replaced. R127 has been picked up by Physical Therapy to work on upright tolerance and to strengthen lower extremities. The plan of care was updated to include the placement of splint as needed. A sweep was made of resident adaptive equipment to make sure it is in proper function order and condition. A sweep was also conducted of the residents plan of care to make sure they reflect the accuracy of the physician orders. Residents are discussed at morning meeting to identify change of condition that will require therapy interventions and for review of new physician orders to ensure they are entered onto the resident Plan of Care. Therapy and nursing staff will be educated by Rehab Director/DON or designee on identifying resident	Completion Date: 06/12/2023 Status: APPROVED Date: 05/15/2023	

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F 0676 SS=D	Continued from page 5 §483.24(b)(4) Dining-eating, including meals and snacks, §483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by:	F 0676	equipment in need of repair and replacement. Random audits of 5 resident adaptive equipment and plans of care will be conducted weekly by DON or designee for compliance x 4 weeks, then monthly x 2 months. Identified trends will be reviewed by the QAPI Committee for appropriate follow up.		

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F 0676 SS=D	<p>Continued from page 6</p> <p>Based on review of facility policy, observation, resident interview, review of resident clinical record and staff interviews it was determined the facility failed to provide the necessary care and services to ensure a resident's abilities in activities of daily living do not diminish for one of seven residents (Resident R127).</p> <p>Findings include:</p> <p>Review of the facility policy "Restorative Nursing" last reviewed on 3/28/23, with a previous review date of 4/1/22, indicated that if the resident is identified as requiring restorative nursing, the program is coordinated by nursing or in collaboration with rehabilitation and are patient specific. A registered nurse or licensed nurse must supervise the activities in a restorative nursing program. The residents needs are measurable goals and staff are to document goals and interventions on the resident's restorative care plan.</p> <p>During an observation on 5/4/23, at 10:33 a.m.,</p>	F 0676			

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F 0676 SS=D	<p>Continued from page 7</p> <p>Resident R127 was sitting in his wheelchair without an arm rest attached, the left hand is contracted; left foot was sitting in the footrest with the ankle externally rotated.</p> <p>During an interview on 5/4/23, at 10:33 a.m., Resident R127 stated that he does not get therapy and has asked for it. He stated that his arm rest of his wheelchair has been broken for two weeks, he has no control of how his foot rests on footrest as he can not place it there himself. Resident R127 stated he has not had hand splint placed for "a while."</p> <p>Review of the clinical record indicated that Resident R127 had been admitted to the facility on 9/19/20, with diagnoses that included hemiplegia/hemiparesis following a stroke, cognitive communication deficit (resident is Korean and speaks broken English). The Minimum Data Set (MDS- a periodic assessment of resident care needs) dated 2/1/23, indicated the diagnoses remained current. Section C0500 indicated Resident R127 had a BIMS(brief interview for mental status) of 14 indicating</p>	F 0676			

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F 0676 SS=D	Continued from page 8 interviewable. Section G0110 (Activities of Daily Living) indicated Resident R127 required assistance with all personal hygiene and dressing of one staff. Section O 0500 Restorative Nursing Programs indicated number of days as 0 in all areas. Resident R127 had an order for his left hand splint placed as needed since admission. Review of a physician order dated 3/8/23, indicated that Resident R127 was to have Physical Therapy and Occupational Therapy evaluation for Restorative Care. Review of a "Therapy Communication form" dated 3/10/23, indicated Resident R127 was to have assistance with transfers to sit and pivot from wheelchair to bed and stand and pivot in bathroom utilizing he handrail. He was also to receive AAROM (active - assisted range of motion- defined as the joints receive partial assistance from an outside force, such as staff assisting with movement) of lower extremities during ADL care. Resident R127 was ordered a left wrist splint as needed.	F 0676			

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F 0676 SS=D	<p>Continued from page 9</p> <p>Review of Resident R127 current plan of care and Kardex (a tool used to communicate primary resident care issues and needs from shift to shift by Nursing Assistants) did not include restorative nursing care and/or range of motion exercises. The plan of care also did not include staff placing the left hand splint as ordered.</p> <p>During an interview on 5/4/23, at 12:00 p.m. the Therapy Manager Employee E2 stated that Resident R127 was evaluated and the therapy form was given to nursing for Restorative. Therapy Manager Employee E2 also stated that Resident R127's wheelchair had gotten broken after admission and that the facility utilizes an outside vendor for repairs and they were to "come in to look at the chair to make the repairs". Review of an email dated 4/21/23, indicated the Therapy Manager had contacted the outside vendor to repair the broken left armrest, no further communication had been identified.</p>	F 0676			

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F 0676 SS=D	Continued from page 10 During an interview on 5/4/23, at 12:42 p.m., the Assistant Director of Nursing (ADON) stated that if residents are identified to needing Restorative, therapy "takes care of that." The ADON confirmed that the facility failed to provide the necessary care and services to ensure a resident's abilities in activities of daily living did not diminish for Resident R127 including making certain Resident R127's wheelchair was maintained for proper body alignment and use. 28 Pa. Code: 201.21(a)(b) Use of outside resources. 28 Pa. Code: 211.10(a)(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.	F 0676			

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F 0761 SS=D	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 0761	<p>Med Rooms were swept to make sure that medications and/or biologicals once opened were being dated per the manufacturers guidelines with respect to expiration dates and record date opened.</p> <p>All items found during inspection to not meet the regulation were discarded and reordered where necessary. Licensed staff will be educated on the storage and dating of internal and external medications by the DON or designee.</p> <p>Random audits of 3 med rooms for compliance of medication storage will be conducted by the DON or designee weekly x 4 weeks, the monthly x 2 months. Identified trends will be reviewed by the QAPI Committee for appropriate follow up monthly.</p>	<p>Completion Date: 06/12/2023 Status: APPROVED Date: 05/15/2023</p>	

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F 0761 SS=D	Continued from page 12 Based on a review of facility conditions, the facility and opened and undated. The facility confirmed that the Review of the manufacturer's recommendation for Tubersol solution (used for PPD vaccine) indicated that once a vial is opened, solution should be used within 30 days. Employee E6 confirmed that the vial of Tubersol was opened and undated. The facility confirmed that the Employee E6 confirmed that the vial of Tubersol was opened and undated. 28. Pa. Code: 211.9(a)(1)(2)(g)(h)(k) Pharmacy services.	F 0761			
F 0825 SS=D		F 0825			

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F 0825 SS=D	Continued from page 13 483.65(a)(1)(2) Provide/Obtain Specialized Rehab Services §483.65 Specialized rehabilitative services. §483.65(a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must- §483.65(a)(1) Provide the required services; or §483.65(a)(2) In accordance with §483.70(g), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act. This REQUIREMENT is not met as evidenced by:	F 0825	Resident R71 has had a Physical Therapy consultation completed. A sweep was made of therapy orders for residents and where multi disciplines of therapy were ordered, the multi discipline consultations took place. Rehab and nursing staff will be educated by the Director of Rehab/DON or designee, to ensure appropriate communication occurs with the attending physicians in making sure that physician orders accurately reflect the residents' therapy needs. Random audits of 5 residents with therapy orders to verify accuracy will be conducted weekly x 4 weeks, then monthly x 2 months. Identified needs will be reviewed by QAPI Committee for appropriate follow up monthly.	Completion Date: 06/12/2023 Status: APPROVED Date: 05/16/2023	

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F 0825 SS=D	<p>Continued from page 14</p> <p>Based on review of facility policy, clinical records and staff interviews it was determined that the facility failed to assess the need for specialized physical therapy services as per physician's order for one out of seven sampled residents (Resident R71).</p> <p>Findings include:</p> <p>The facility "Physician practice provider orders" date 3/1/22, reviewed on 9/1/22, indicated that orders will be accepted only from authorized, credentialed physicians or from other authorized practitioners.</p> <p>The facility "Individualized plans of care" policy dated 12/6/22, indicated that therapists complete discipline specific evaluations to identify strengths, weaknesses, and impairments.</p> <p>The facility "Therapist delegation of tasks" policy dated 9/1/22, indicated that physical and occupational therapists must complete and commit to writing an evaluation before delegating treatment.</p>	F 0825			

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NAME OF PROVIDER OR SUPPLIER: WHITEHALL BOROUGH SKILLED NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 505 WEYMAN ROAD PITTSBURGH, PA 15236		
STATE LICENSE NUMBER: 10230200					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0825 SS=D	Continued from page 15 Review of Resident R71's admission record indicated she was originally admitted on 4/14/22. Review of Resident R71's Minimum Data Set assessment (MDS -a periodic assessment of resident care needs) dated 3/2/23, indicated diagnoses that included dementia (a condition characterized by memory loss and progressive or persistent loss of intellectual functioning), anxiety disorder (a medical condition creating a sense of acute fear, restlessness, and worry), peripheral vascular disease (a progressive narrowing of the blood vessels impacting blood flow to the limbs) and fracture to the left foot. The MDS assessment indicated that the diagnoses were the most recent upon review. Review of Resident R71's Certified Registered Nurse Practitioner (CRNP) Employee E4 assessment dated 3/3/23, indicated that Resident R71 had gait dysfunction and contracture to left hand. Physical therapy and Occupational therapy to consult.	F 0825			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396066	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2023
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F 0825 SS=D	Continued from page 16 Review of Resident R71's physician's orders dated 3/3/23, indicated that Physical therapy and occupational therapy was to consult for Resident R71. Review of Resident R71's occupational therapy discharge summary dated 4/13/23, indicated that she received services for Occupational therapy from 3/10/23 to 4/13/23. Review of Resident R71's physical therapy documentation, occupational therapy documentation, clinical nurse notes and physician documents did not include a physical therapy consultation. During an interview on 5/03/23, at 10:18 a.m. Director of Physical therapy Employee E2 stated that Resident R71 was on case load for 35 days and her evaluation started 3/10/23 for decline in Activities of daily living (ADL). Resident R71's therapy goals were to transfer with her upper body,	F 0825			

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F 0825 SS=D	Continued from page 17 transfer to toilet and work on standing. A physical therapy consultation was not completed. During an interview on 5/03/23, at 10:51 a.m. Registered Nurse (RN) Employee E3 stated: "if the physical therapy and occupational therapy order has PT/OT, I would think you would do both consultations." During an interview on 5/03/23, 1:45 p.m. Certified Registered Nurse Practitioner (CRNP) Employee E4 stated that she wanted both occupational therapy and physical therapy consultations completed and confirmed that the facility failed to assess the need for specialized physical therapy services as per physician's order for Resident R71 as required. 28 Pa Code: 201.18(e)(1) Management. 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(3)(5) Nursing services.	F 0825			

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F 0880 SS=D		F 0880			

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F 0880 SS=D	Continued from page 19 483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 0880	Resident R31 has had her blood glucose testing conducted utilizing the proper infection control techniques. Resident R158 has had her wound dressing changed utilizing the proper infection control techniques. Residents ordered blood glucose testing will have their tests conducted utilizing the proper infection control techniques. Residents who have wound dressing changes ordered will have them conducted utilizing the proper infection control techniques. Licensed staff will be educated by the DON or designee on the appropriate cleaning techniques for blood glucose meter. Licensed staff will be educated on the appropriate infection control techniques when applying a wound dressing. Random audits of infection control procedure for 5 residents ordered	Completion Date: 06/12/2023 Status: APPROVED Date: 05/15/2023	

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F 0880 SS=D	<p>Continued from page 20</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 0880	<p>blood glucose monitoring and 5 residents ordered wound dressing changes will be conducted by the DON or designee weekly x 4 weeks, then monthly x 2 months. Identified trends will be reviewed by the QAPI Committee for appropriate follow up monthly.</p>		

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F 0880 SS=D	Continued from page 21	F 0880			

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F 0880 SS=D	<p>Continued from page 22</p> <p>Based on review of manufacturers recommendations, facility policy, resident clinical records, observations and staff interviews, it was determined that the facility failed to prevent the possibility of cross contamination for two of four residents (Residents R31 and R158).</p> <p>Findings include:</p> <p>Review of the manufacturers recommendations for the "Evencare G2" rapid blood glucose meter (small portable device that tests blood sugar at point of care) indicated cleaning of the meter is very important in the prevention of infectious disease.</p> <p>Review of the facility policy "Wound Dressings" last reviewed on 3/28/23, indicated that wound dressings will be performed using aseptic technique (defined as a procedure performed under sterile conditions) to decrease the risk of wound contamination and cross-contamination during a dressing change.</p>	F 0880			

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F 0880 SS=D	<p>Continued from page 23</p> <p>Review of R31's Minimum Data Set (MDS - periodic review of care needs) dated 3/23/23, indicated Resident R31's current diagnosis included diabetes, high blood pressure and anxiety.</p> <p>During an observation of R31's medication administration on 5/3/23, at 11:09 a.m. Registered Nurse (RN) Employee E1 removed the Evencare G2 rapid glucose meter from the medication cart, failed to clean the glucometer, went into R31's room tested blood glucose, exited the room, and failed to clean to the glucometer, and placed the Evencare G2 rapid blood glucose meter back into the medication cart.</p> <p>During an interview on 5/3/23, at 11:14 a.m. RN Employee E1, confirmed that the blood glucose meter was not cleaned after taking R31's rapid blood glucose.</p> <p>During an interview on 5/17/23, at 11:17 a.m., the Director of Nursing confirmed that facility failed prevent the possibility of cross contamination by not</p>	F 0880			

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F 0880 SS=D	<p>Continued from page 24</p> <p>cleaning a rapid blood glucose meter before and after use.</p> <p>During an observation of Resident R158's coccyx dressing change on 5/4/23, from 9:47 a.m., through 10:00 a.m., that required cleansing with saline and Santyl (a debriding agent) application and a foam dressing; the following was observed:</p> <p>Assistant Director of Nursing (ADON) placed a bag containing Santyl ointment on the barrier from the treatment cart onto the clean barrier placed under Resident R158.</p> <p>The ADON cleansed the wound with a saline soaked sponge, laid the soiled sponge on the bag with the Santyl, picked up the bag with the Santyl and opened the tube and applied the Santyl ointment onto the dressing and placed the dressing onto Resident R158's coccyx wound. The ADON did not remove gloves, wash hands and apply new gloves prior to touching the treatment supplies and clean dressing.</p>	F 0880			

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F 0880 SS=D	<p>Continued from page 25</p> <p>The ADON then returned the tube of Santyl into the bag and into the treatment cart without decontaminating the tube and bag and placed the barrier and soiled dressing into Resident R158's garbage can in room.</p> <p>During an interview on 5/4/23, at 10:02 a.m., the ADON confirmed that the facility failed to prevent cross- contamination during Resident R158's dressing change and placing the soiled supplies back into the treatment cart.</p> <p>28 Pa. Code: 211.10(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(2) Nursing services.</p>	F 0880			

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H 0009	<p>51.3 (g)(1-14) NOTIFICATION</p> <p>51.3 Notification</p> <p>(g) For purposes of subsections (e) and (f), events which seriously compromise quality assurance and patient safety include, but not limited to the following:</p> <p>(1) Deaths due to injuries, suicide or unusual circumstances.</p> <p>(2) Deaths due to malnutrition, dehydration or sepsis.</p> <p>(3) Deaths or serious injuries due to a medication error.</p> <p>(4) Elopements.</p> <p>(5) Transfers to a hospital as a result of injuries or accidents.</p> <p>(6) Complaints of patient abuse, whether or not confirmed by the facility.</p> <p>(7) Rape.</p> <p>(8) Surgery performed on the wrong patient or on the wrong body part.</p> <p>(9) Hemolytic transfusion reaction.</p> <p>(10) Infant abduction or infant discharged to the wrong family.</p> <p>(11) Significant disruption of services due to disaster such as fire, storm, flood or other occurrence.</p> <p>(12) Notification of termination of any services vital to continued safe operation of the facility or the</p>	H 0009	<p>R74 positive COVID Result has been reported to the DOH.</p> <p>A review of the COVID Tracker was made to identify all positive cases and then audited against the subsequent reports made to the DOH for full compliance.</p> <p>IP Nurse and other Administrative staff with reporting responsibilities will be educated by the NHA/DON or designee on the policy "Infection Control Procedures, reportable diseases" to ensure compliance with the required reporting.</p> <p>Random audits of the tracker will be conducted by the NHA or designee weekly x 4 weeks, then monthly x 2 months. Identified trends will be reviewed by QAPI Committee for appropriate follow up monthly.</p>	<p>Completion Date: 06/12/2023 Status: APPROVED Date: 05/16/2023</p>	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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H 0009	Continued from page 1 health and safety of its patients and personnel, including, but not limited to, the anticipated or actual termination of electric, gas, steam heat, water, sewer and local exchange of telephone service. (13) Unlicensed practice of a regulated profession. (14) Receipt of a strike notice. This REGULATION is not met as evidenced by:	H 0009			

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H 0009	<p>Continued from page 2</p> <p>Based on review of facility policy, Pennsylvania Department of Health guidance, clinical resident records, February 2023 COVID-19 infection line listing, facility submitted documentation, and staff interview, it was determined that the facility failed to report positive test results for COVID-19 for one out of three sampled residents (Resident R74).</p> <p>Findings include:</p> <p>The Pennsylvania Department of Health Alert Network (PA-HAN 633) guidance titled "Updated Reporting Requirements for COVID-19 Test Results" dated 4/4/22, indicated to report positive test results from antigen tests and tests performed at point-of-care (POC).</p> <p>The facility "Infection control procedures: reportable diseases" policy dated 9/1/22, indicated that the facility will report all communicable diseases in accordance with state, city, and county health regulations.</p>	H 0009			

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H 0009	<p>Continued from page 3</p> <p>Review of Resident R74's admission record indicated he was originally admitted on 1/27/23 and readmitted on 3/9/23.</p> <p>Review of Resident R74's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 2/20/23, indicated that his diagnoses included diabetes (metabolic disorder impacting organ function related to glucose levels in the human body), dysphasia (difficulty swallowing), hyperlipidemia (elevated lipid levels within the blood), and encephalopathy (a broad term for any brain disease that alters brain function or structure). Resident R74 MDS assessment indicated that these were the most current diagnoses upon review.</p> <p>Review of Resident R74's care plan dated 2/1/23, indicated that he had an infection of the respiratory system.</p> <p>Review of Resident R74's physician orders dated 2/4/23, indicated to send the resident to the</p>	H 0009			

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H 0009	<p>Continued from page 4</p> <p>emergency department.</p> <p>Review of Resident R74's clinical nurse notes dated 2/3/23, indicated his temperature was 99.0 F. Resident R74 tested positive for COVID-19. Doctor notified and he said no new orders. Resident R74 is already on oxygen via nasal canula. Doctor recommended to continue since Resident R74 is asymptomatic. Family notified.</p> <p>Review of Resident R74's clinical nurse notes dated 2/4/23, indicated his heart rate increased 119-140, temperature 101.1 F. Covid Positive on 2-3-23. Doctor notified. Family notified that he was sent to the emergency room.</p> <p>Review of the facility COVID-19 infection line listing (a document listing positive results for COVID-19 testing) dated February 2023 did not include Resident R74.</p> <p>Review of facility submitted COVID-19 reports from 2/4/23 to 5/2/23, did not include positive</p>	H 0009			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396066	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/05/2023
NAME OF PROVIDER OR SUPPLIER: WHITEHALL BOROUGH SKILLED NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 505 WEYMAN ROAD PITTSBURGH, PA 15236			
STATE LICENSE NUMBER: 10230200					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
H 0009	Continued from page 5 COVID-19 test results for Resident R74. During an interview on 5/3/23, at 1:49 p.m. the Assistant Director of Nursing (ADON) confirmed that the facility failed to report positive test results for COVID-19 for Resident R74 as required.	H 0009			



Certified End Page

WHITEHALL BOROUGH SKILLED NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 10230200

SURVEY EXIT DATE: 05/05/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY